

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/815199</i>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7	/						57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30		/					80				
31		30					81				
32		30					82				
33		30					83				
34	/						84				
35	/						85				
36	/						86				
37	/						87				
38		/					88				
39	/						89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45		/					95				
46	/						96				
47		/					97				
48		/					98				
49		60					99				
50	/						100				
TOTAL IND.	10						TOTAL IND.				
TOTAL DEP.	128						TOTAL DEP.				
TOTAL CLAIMS	138						TOTAL CLAIMS				